CeKTER – KT Academy – “Training Your Staff: What works? What doesn’t?” with Marianne Farkas, ScD.

This call is being recorded.

Marianne Farkas:

Um, so I see that some people are still joining us. I'm going to try to advance the slide and see if I can do that. Yes. Here we are. Okay. So, this is pretty much what I've said up until now. I just want to draw your attention to the acknowledgement, the funding acknowledgement. Um, the contents of the presentation were funded by the National Institute of Disability, independent Living and Rehabilitation Research, fondly known as leer. It's a center within the Administration for Community Living and Health and Human Services, the federal government. Uh, in the us also, we do a land acknowledgement. The territory on which Boston University stands is acknowledged as the historic lands of the Wampanoag and the Massachusetts people. And because this center is a consortium, a collaboration between two institutions, there is also a land acknowledgement for the University of Massachusetts Chan Medical School, which we acknowledge as founded and built on the ancestral lands of the Nipmuck people. And I just want to make sure that I don't abuse the time here. All right. So, Sector, which is what we call the Center for Knowledge Translation. Unemployment Research for short is charged with building the capacity in the field of disability employment research to increase the number of effective activities that are undertaken in promoting the uptake of employment information. The KT Academy, which is one element of sector, offers a range of one-hour classes and topics such as implementation, social media, and now training, these one-hour classes can be extended to additional experiential workshops of two to four more classes of 90 minutes to two hours in length for more hands-on understanding of the topic. Lastly, we offer two more options for deepening your understanding and building your skills in an area through tailored technical assistance and or creating a community of practice in the topic overview. So, bottom line today is an overview and introduction. So, we've introduced ourselves and, um, Amanda, if you could launch the poll questions. We'd like you to answer these poll questions so that we'd learn a little bit more about you. Uh, the first question, do you work on employment and disability topics? Okay, so far no one has answered. So, there you go. Keep going. We must wait until you folks answer the questions, so it's okay if you don't just say So. Please do you work on employment and disability topics? Okay, we have about 15 people who have not yet answered the poll. Please answer the poll so we can keep going. Do you or your organization have a grant award project or a project that focuses on or includes research on topics related to employment and people with disabilities? Just a note that could be a specific disability or across a range of disabilities. So, for example, our center focuses on individuals with mental health conditions or psychiatric disabilities. You may be a cross disability center sector is a across disability center. Okay. Amanda, can you see the rest of the answers, or can you move it so that I can see some of the other answers? Please?

Amanda Lowe:

You should be able to see, you'll just have to scroll on your end.

Marianne Farkas:

I must scroll. Okay. Mm-Hmm, <affirmative>. Let me try scrolling and see if I can do that without shutting this off. I'm so tech savvy. Thank you, Amanda. Now I got it. Yay. Yay, yay. So, employment, 64% grantees. Um, 58% are eider. Okay. And the one that I would like to see the most, I can't see there should be, um, Amanda, there should be a question here on, uh, training

staff in your organization and your role.

Amanda Lowe:

That might be in the next poll.

Marianne Farkas:

Okay. Can you put up the next poll then, please?

Amanda Lowe:

Yes, I can.

Marianne Farkas:

Okay. Bear with us. All right. Here's some questions about you as a trainer. Do you train staff inside your organization? Yes, or no? Do you train staff in other organizations as an external trainer?

Lisa Krystynak:

No. Could you please

Marianne Farkas:

Talk outside the cat? All right. Let's just see how you do here. Half of you are trained staff in other organizations, and oh, it's quite a mixture. 40% of you are another supervisor, program manager, internship supervisor, instructor, independent trainer. Okay. Would you care to put a couple of examples of what other, those of you who are other than these in the chat box, just so that I know who we have here. Lisa, what did, did anyone put something in there?

Lisa Krystynak:

Yes, ma'am. We have a researcher,

Marianne Farkas:

Uhhuh.

Lisa Krystynak:

<affirmative>, and Director of Services. Those are the, okay. So far.

Marianne Farkas:

All right. Okay. That gives me a sense of who we're, who we have. So, we have quite a mixed group. Okay. We have a few more. Mary?

Lisa Krystynak:

Yeah, we do

Marianne Farkas:

Few. Yeah, go ahead. Few.

Lisa Krystynak:

Uh, director of evidence-based practice training coordinator, communications and structural, um, technologies, web development. Mm-Hmm. <affirmative>, uh, director, uh, oversees the budget and work with contracts.

Marianne Farkas:

Okay. All right.

Lisa Krystynak:

Um, yeah, knowledge Trans translation specialist research specialist. Primarily. Primarily at NDI.

Marianne Farkas:

All right. Well, thank you very much and welcome to everyone. Let's close the poll. Now that we understand a little bit about who we have in the room. Most people do something in the relation in, in relation to the topic of employment and disability. Um, more than half of you are grantees and, um, most of those people working with a grant are funded by leer, which LER will be very happy to know. And, uh, half of you are trainers inside your organization. A little more than half and a little more than half train people as external trainers. And then it's evenly spread with a few exceptions in terms of the different roles that you have roles. And then we have people who are in either supervisory roles, funding roles, or in research. All right. So, um, let me just close this so that I can move on. All right. So why are we here? At the risk of stating the obvious, this is a field, and I mean disability and employment studies with a history of fast innovations and slow adoptions. And as a family member of an individual with a disability myself, I find it outrageous that we have effective interventions that are not accessible to a person that I care about. Uh, excuse me. And that's really what prompted me, um, to try to put this presentation together. So, this fast innovation and slow adoption problem is one that is well known. Uh, the WHO, the World Health Organization labels this as the no do gap. So, the gap between when we decide that something is effective, when we have sufficient, um, data to identify something is effective, and the time when it takes people have access to it in the field is to 20 to 25 years. So, for an example, in the mental health field, 30 years after Bob Drake and his team created the individual placement and support supported employment approach. And 20 years after they had findings from 23 randomized clinical trials demonstrating its effectiveness, there were only 2% of the people who could be served by this approach who had access to it in the United States, 2% that appears of course to have changed somewhat. And now about 25% of those who should have it have access to it. But it's still a small number. And the problem, of course, is that by the time we get what we learned was effective into real practice, the context changes, the problems change, uh, the contributing factors change. Think of the world in the 1990s, which is when Bob Drake developed his individual placement and support model. It was before nine 11, before the politics of disinformation, before covid. So, we're always playing catch up in a way that is not to the benefit of the people receiving or not receiving services. So, what we used to think, uh, was that we would train the workers and then we would have evidence-based practices and daily practice. So, we did, we trained, we tried to pr train in pre-service settings, universities to graduate more prepared providers. We did in-service trainings. And sometimes we even trained hairdressers and cornerstone, uh, corner store folks to expand our reach. And while these efforts did in fact produce more knowledgeable people, and some advances were made, evidence-based practices were still not being used in the way that they should be and not available to the people who needed it. While my experience-based is, uh, in the area of psychiatric disabilities, this seems to be true across disability areas. For example, Gormley and her colleagues in 2019, uh, that is recently did a scoping review of training practices in the intellectual disabilities field and found that most staff are neither trained in evidence-based practices, nor is the training that they receive based on any empirical methods for

training. And what gets in the way is kind of the focus of this introductory force. How we do our training is a problem, and that we, and that we rely on training as the tool for changing practice is also a problem. So, let's just check in with you again and see what kind of training do you do? Those of you who do training, what kind of training do you do? Most of the training I or my staff do, if you're a supervisor or someone who oversees training is in the form of fill in. Um, the thing that relates to you is most of your training, uh, done in the form of workshops, a few hours to one or two days, workshops with some form of follow-up consultation. Is it mostly training of trainers or something else? Okay, I see people are starting to fill it in. Please keep going. Okay. So, 27 out of 44 people have answered the questions. So, let's give the other folks a minute or two to just weigh in. It seems like there is a split between people who do workshops, brief workshops, or workshops with some form of consultation. Now, the, of the people that answered, uh, almost half do online training, some do a hybrid, and it seems like the major focus is on skill delivery. And this group is pretty, is either satisfied or ambivalent. <laugh>, okay. Satisfied or ambivalent. All right. Okay. So, thank you for sharing. Those of you who haven't weighed in yet don't be shy. Okay. All right. So, this seems to be a group that has experienced doing online training. Most of you try to improve skills and you're mostly satisfied with what you're doing. Uh, and some are ambivalent. All right. So, I'm going to speak to not just the folks who are doing online training, but the folks who are doing workshops, brief workshops, workshops with consultation, um, as well as people who include knowledge and attitude change. I'm glad that the skill trainers are doing skills training. However, I want to make sure that it's clear that this applies to a broader category as well. And all right, so in the quote olden days, the pre pandemic days trainings in mental health services used to be piled on top of each other. cause it was mostly seen as a day off from work. I mean, I saw it like that when I did it, and it usually consisted of a day workshop or a two-day workshop. And if the providers in the agency enjoyed the training, their enthusiasm sparked others to try it when they returned to the agency. Once that enthusiasm waned, however, daily practice issues and challenges arose, and the new practice died out before it ever really got started, or the trainee left the agency. That was and is still the common practice in many organizations. The second reason short-term training did not translate into more effective practices is that study after study tells us that we forget what we learn in four weeks, no less. If there's sufficient repetition, we may remember some more information, but even then, there is a decline. And when we forget, it's hard to deliver that, um, intervention. What has the last few years taught us then about the need for us to change how we see training and how we do training despite what we know about evidence-based practices, as you're starting to understand my point of view here and massive amounts of university based and in-service training over the last 30 years, recent publications still can make this statement. While people with disabilities make up the largest minority in the us, the healthcare workforce is largely unprepared to meet their needs. And that's the alliance for Disability in Healthcare Education. Or, uh, as a scoping review done by Smith and colleagues revealed, uh, they found that the, uh, disability training needs of professionals in 2020 still identified training and attitude and skill sets as well as, uh, policy shifts to be able to deliver on the innovations that had emerged over the period. So I said that in kind of a confusing way. The scoping review found that the training in attitudes and skillsets that have been undertaken also required policy shifts to make it feasible, as well as the train, excuse me, as well as the training. And third, of course, the freight train that roared through all services over the last two to three years, dragged a lot of us into the 21st century out of need. For example, before covid, only 7% of psychologists used telemedicine during and after shortly after, 83% are using it, no one was prepared or really knew how to do it. If you were anything like US practitioner training in remote technologies is now considered urgent and encouraged. And whether we want to or not, we've had to take a long look at how we're tooling up our workforce to deliver effective practices. So the point that I want to make here is that even though we thought these issues were in the past, review, after review has identified the fact that it's still very much with us, our workforce is largely

unprepared, that training by itself is insufficient and that this new factor of telemedicine, remote service delivery is leaving many of us flatfooted and not really knowing how to conduct training that will help people to do that better. So, what do we know about effective types of training formats? The question, of course, what works begs more detail, works for what works for whom. As we go through this section, I'm going to stop on a regular basis to take questions. Um, and Lisa is going to monitor the chat box so that you don't have to remember them and ask them at the end. And she's going to give me a sampling of your questions and I'll try to answer as we go along. All right. So, to talk about effective types of training formats, I want to take a moment to say, what is staff training? There are many ways to define training. It's more than just teaching information for the purposes of this webinar, staff training means conducting a systematic series of instructional activities to help a person or group increase their understanding of or capacity to deliver new methods of service, systematic series of instructional activities. So we're not talking about a solitary in the moment on the job correction of behaviors, although at elbow correction of behaviors can be part of a larger training plan. We're not talking about a solitary or even a series of theoretical lectures on the concepts of an intervention. Although didactic presentation certainly can be part of a larger training plan, we are talking about a systematic series of instructional activities. Why is it important? Because it allows participants to increase their knowledge, attitudes, or skills, and when it, when do we do it? When individuals with disabilities can benefit from an intervention that is currently lacking? The next section will share the latest research on what works to improve knowledge, attitude, and or skills. And these are the results of a systematic review of studies on training, as well as individual research studies done on various aspects of that topic. All right. So, what types of training produce or do not produce use, which is our major focus? We found that workshops only demonstrate improvements in knowledge and attitudes compared to a baseline. There's limited evidence that it changes provider behavior. The next level of intensity up workshops with consultation and discussion afterwards demonstrated improvement in bed, uh, provider behaviors compared to baseline. The more people participated in consultation calls, of course, the better the outcomes were. So, adherence skill development intervention use improved with greater participation in those consultations. Interestingly, once that consultation stopped, stop, use, petered out over time. So even this combination of workshops and consultations that did have an impact on provider behaviors seemed to peter out over time. In terms of use or application, the use of fidelity scales to measure performance did increase chances of retention of the skill development following consultation periods. Knowledge and attitudes did not improve above and beyond workshop only conditions. So, if people's knowledge base and their attitudes about the intervention changed initially during the workshop, it didn't change anymore by having consultation. Let's look at train the trainer, which is another favorite part, uh, or methodology for improving the delivery of evidence-based practices, training trainers is a common strategy. When you're embedding a practice, it gives you a natural way to retrain staff or to train new hires in evidence-based practices that you want to have di delivered. So, one of the questions always has been, are the trainers that you train as good as the original experts in training other people? And what the evidence showed was that training the trainers did demonstrate improvement in competence, but expert led trainings resulted in higher proficiency than the trainers who were trained, uh, through a training program, at least, pardon me for the short term. So, for example, um, in motivational interviewing, they found improvements in the providers motivational interviewing performance in both conditions, both the condition of being led by an expert. And, um, those who were trained to train, uh, experts led this group at 12 weeks. And those people produced providers who could deliver motivational interviewing better than the other group. So, what does all this mean? It means that training trainers does have promise. I mean, both groups in fact, improved the competence of the people they were training. But new trainers might need more time to develop the nuances of the work, um, to be able to match the expertise of the experts, which makes a lot of sense, of course. All right, so why don't I stop there

and ask if people have questions. Do you have any questions about what I've been saying in terms of the workshop only workshop plus consultation or train the trainer, uh, information and data that was collected by the, um, systematic reviews? Okay. All right. No questions, Lisa.

Lisa Krystynak:

Um, no questions yet on that topic. Uh, there was a couple of questions before, um, several people wanted to, uh, see if you would be sending out copy of the slides.

Marianne Farkas:

Okay. Amanda, are you there?

Amanda Lowe:

Hi, yes. Yes. We'll be sending, um, a copy to um, everyone who attended today.

Marianne Farkas:

Okay, thank you, Amanda. All right. And so

Lisa Krystynak:

One other question, Maryanne, that, um, regarded to some of the, um, some of the sources you were sharing early on, someone needed, wanted to know the source for the new stat regarding 25% of people in the public mental health system assessing IPS. They wanted to know, um, the source for that.

Marianne Farkas:

Okay, I can look it up. I don't have it off the top of my head, but that was in, uh, an article by Gary Bond more, more recently when he was talking about the state of IPS service delivery. I'll, if that, if you can make note of the person who asked the question, Lisa, I will find the reference and send it to her or him, okay? Okay.

Lisa Krystynak:

Okay. Sure will.

Marianne Farkas:

All right, thank you. All right. So, we talked about workshop only, which appears to be good for knowledge and attitudes. We talked about workshops plus follow-up consultation, which seems to produce a greater impact on, um, behaviors. Uh, and however retention seems to reduce once the consultation is over with some amelioration of that problem. Uh, with the use of fidelity scales, we talked about training trainers. Let's talk for a moment about online training. Online training is a big catchphrase. It could mean self-paced online training. It could be instructor led. The research here was not that specific. What do we know about its effectiveness? We know that it demonstrated improvements in knowledge and skill relative to baseline, and there was some demonstrated increase in the use of interventions through online training. Generally, the reviews found that, um, the outcomes were comparable to in-person training. So that question about is online training better than in-person training? At least the data that was, uh, available to date seems to say that the outcomes are comparable. The inclusion of consultation led to better competence. So simply online training by itself was improved when, um, consultation, follow consultation, uh, was provided. The other thing that I found interesting was the implications of online training for

instructor readiness and learner readiness. And the support needed for each to improve effectiveness is something that we don't often talk about. So, what do I mean by this? Well, instructor preparedness had to do with things like how ready the instructors were for the integration of technology into their teaching, uh, their attitudes towards online teaching, a redefinition of what it meant to teach when you are the online instructor, and the kind of technical support needs that instructors had all started to emerge and have an impact on what we had thought of as online training, at least pre pandemic. I mean, this, uh, the last three years has been kind of a trial by fire. So, as you can see, I need Amanda and Lisa to help me to do this because without that support, it would be very awkward and difficult for me to even deliver a one-hour training. So that implication must get built in the learner readiness issues or things like, um, cognitive differences in the ways people absorb information, sociodemographic details that impacted on people's access to technology, reliable technology, um, commonality of the use of technology and learning perceptions of what online training is. Issues of self-regulation and online persistence. Adult learners in self-paced online programs often had trouble finishing those online programs, A because they've been outeaten school for a long time. But b, it seems to be something about the lack of structured support and the number of distractions that people have in their daily lives when they are trying to carve out some time to sustain their involvement in online training. So, learner readiness had to do with not just attitudes towards online training, but issues of self-regulation and self-initiated learning. Any questions about this? Alright, I don't see anything else, um, being mentioned. So, what works best if you want people to deliver an intervention? Now, for those of you who've done intensive training, this is not going to come as news to you. Intensive training was the format that worked the best for people changing their behavior, altering their competence. It demonstrated improvements in provider knowledge, intervention use, and observer rater competence. So, what was intensive training? Intensive training was defined as being at least 20 to 40 hours of training. Um, homework between training sessions, opportunities to practice what had been learned, session tape review with feedback, getting feedback on actual performance directly, not in a report format, but in session tape reviews, role-play feedback. So, if someone did something incorrectly, having role plays to show and demonstrate the correction, advanced booster trainings over time and participation in a learning collaborative or a community of practice to sustain the changes that were made. So, for example, we do a training on psychiatric rehabilitation that is certainly 40 hours of training. There are three practice sessions for each component and there is, uh, uploading a whole structure around uploading, um, recorded sessions with clients, providing line by line feedback for those sessions, uh, giving booster trainings every three months after the training has been finished, and then having a learning collaborative to sustain that change. And, uh, the people who did supported employment, uh, Debbie Becker and Bob Drake also have similar, uh, kinds of processes for doing training and they have an ongoing learning collaborative to keep the knowledge up. So, if we summarize all this, what constitutes good practice in training? A couple of things. First, pick the modality that matches your goal. So different kinds of training are adapting adept rather for different kinds of outcomes. Exposure training such as the one we are engaged in right now has as its goal increasing the awareness of new concepts and information. And that's brief training. Study groups, uh, also includes, uh, presentations like this, but journal circles discussions about new readings are also exposure levels of training. Experience. Training is focused on increasing the understanding and developing of positive attitudes about the new information. And that can be accomplished by study visits to other sites. Brief co courses that are focused on more examples, a deeper understanding of the concepts and attitudes that are involved in delivering the intervention expertise level. Training is the kind of training that we just discussed as intensive training. It it's focuses on increasing the ability to perform skills and competencies. And embedding training has to do with long-term supervised practice, integrating new skills into daily practice in an organization. It involves not just the supervised practice, not just the communities of practice, of mutual supervision, but also

changes in the organization, which we'll talk about in a moment. So, we call this the four E. And what's important in training, in effective training is making sure that you have the right training intensity for the right goal, rather than doing something simply for the feasibility of it. That you measure the goal, you measure the outcome, and the training intensity matches the outcome. Questions. You're a very accommodating group. <laugh>. I was just talking. Talking. Okay. Uh, when you have a question, just write it in the chat. Okay. Training for sustainability is organized differently than usual training. And this brings us to a second point about effective training. So, the first one is to make sure that your training intensity and your goal match. When your focus is on using an intervention, then, um, the delivery of skills can simply do things differently in, in the agency. And this must be addressed to embed the practice. So sustainable practice is supported by leadership, by supervisory structures that focus on the practice in question, agency policies, program and procedures, agency record keeping, quality assurance mechanisms, et cetera. So Lemme give you an example. In psychiatric rehabilitation, which is the intervention that I'm most associated with, uh, the technique requires that life goals be set before doing any assessments because, um, the goals in psychiatric rehabilitation are aspirational. So, organizations, for example, that have procedures in which goals are set after an as assessment period. In other words, the person's, pardon me, resources and strengths are assessed and then the goal is derived from that may need to change their procedures and their activities and the way they do progress notes to support psychiatric rehabilitation being delivered. If this doesn't occur, then no matter how expert the practitioner has become using training, that person will not deliver their new competency because it doesn't fit the structure they are in another example, again, going back to IPS individual placement and support, it requires collaboration between the clinical team and the employment specialist. If there is no collaboration between the clinical team and the employment specialist, IPS has difficulty being incorporated properly. If the agency simply does not record employment outcomes as a matter of regular practice, the treatment record also must be altered to give voice to those outcomes. If the reinforcement system, the supervisory structure does not incorporate the kinds of outcomes and processes that are included in the new intervention, people simply won't do it over time no matter how enthusiastic they are. Systematic implementation practices produce sustainable practice. Questions, comments? Okay, so the first point was matching the training intensity to the goal. The second point was, if your focus is use and application, focus on organizational change to ensure that all levels of the organization are aligned with the new intervention that you're trying to implement. The third point is about the training itself. We know that having a sequence set of activities that include different learning modalities, modeling, didactic, experiential and practice is what produces the best skill development outcomes. Using a framework to create lessons that forces such tell, show, do activities produces the best results. So, the development of a set of competencies to require principles of universal design, which is what I was talking about when I mentioned the variety of learning modalities to accommodate different learning styles, different ways of engaging and practicing with specific feedback and ongoing coaching. One example of this kind of framework is a framework that we call ropes that I'm going to talk about for a moment here. One such framework. Our ropes are a way of organizing a lesson plan or a module. If you're doing an online training program that takes the universal design principles into account and ensures that a variety of learners can absorb the information, we start with R which stands for review, reviewing what people are bringing to the table, what do they know or understand about the topic. Before you begin, kind of like the poll questions that I asked at the beginning was a review step open-ended questions to explore their experience and understanding of the thing you're about to present. O stands for overview. During the overview, the facilitator engages participants in a discussion about the basics in the content outline definition, critical skills, and benefit. So, providing an image of what the whole skill is, uh, with an understanding of the definition, what's involved and what are the benefits. P stands for presentation. This is where the tell how that do, I mentioned, is built into each critical behavior.

So, we present each critical behavior individually, something about it, demonstrate it, and then have people do it. And the do requires standardized feedback. I mean, not the feedback is not standardized, but feedback that is related to some standard criteria so that people begin to develop a sense of whether they are or not doing the behavior that's needed. That's the presentation. He stands for exercise. Exercise pulls everything together. It's one big integrative experience in which the learner gets a chance to try all pieces of the skill that you are presenting. And then s stands for summary in which you're closing off the lesson by helping people to remember and identify what the different, uh, learning points were that they got within that lesson. So, if we were doing a workshop series, for example, we would practice developing ropes here. I'm just mentioning it to you to give you some image of what a framework means. All right, so I've talked about a lot of things. Some things may be familiar, some things we're not by now, you may be wondering when I'm ever going to talk about online training in the wonderful world of ai, et cetera. That's been in the news for so long. And this is what I have to say about it. In mental health settings, for example, simulation training, virtual reality has been shown to increase empathy in professionals because it enables staff to understand the service user experience. And that's something to think about. Benefits have been reported involving service users and their experience in such training. So virtual reality is helpful. Simulation training apparently to increase empathy in professionals, which I thought was interesting myself. Of course, the challenges in using ai, artificial intelligence and virtual reality kind of tools is that it's very resource intensive. It's expensive, it's not scalable. In many organizations. AI may be sexy, but it's not yet clear how to do it, when to do it, with whom to use it, and for what kinds of outcome. So, the bottom line is these innovations are exciting and we must get with the program if you like, and certainly we need to learn how to use them if they're feasible and they're ready for use. However, as we saw in a consortium of in universities that run MOOCs, I don't know if you know what MOOCs are. Massive open online courses that regularly have five to 10,000 students enrolled in them. They typically lose 70 to 80% of their participants even though they have a lot of resources for great videos, cool apps, voiceovers, every bell, and whistle that you can imagine. Snazzy can certainly be fun and training doesn't have to be boring, but snazzy does not take the place of solid learning principles. Some things just are not one minute. YouTube experiences and learners need to be prepared for the intensity that's involved in skill teaching. We know from research that more bells and whistles do not produce better results by themselves. They might help momentary engagement, but even that becomes, um, less over time. It declines over time because people get accustomed to that bell and whistle and it's no longer innovative and then it's no longer that fun. Fewer bells and whistles also do not produce less results. The focus must be on adult learning issues, content relevance and instructional design. So, what about online training? Remember this graph I gave you? Online training is as effective as in-person training under certain conditions. For example, when each segment of the module or the training component is 20 minutes or less, even if the entire course is intensive, 20 to 40 hours, people seem to be able to tolerate information best within about 20, 25 minutes. Online training is only a delivery system for workshops and lectures. You still need ropes as a framework or some other framework to be able to organize the information in a way that makes sense for the brain. People get tired online, as you probably know the zoom fatigue. So, 20 minutes at a time is the max for self-paced modules, otherwise known as asynchronous. In other words, people do it on their own time, especially for self-paced modules. Adult learners have a hard time completing things when they do it. Self-paced, as I said before, they get distracted by other things. They haven't been in school for a long time. They've forgotten how to study and how to learn. Designing materials so that people are forced to click on something often keeps them on screen. Doesn't have to be snazzy, it just must be varied. Uh, for example, a visual example. Something auditory to listen to, something to read. But the clicking is the important thing to keeping people from spacing out. So, creating online learning requires a comprehensive plan, both learners. And you need preparation to make online learning work. Well.

You, you need to make sure you have flexible easy tech support that the course doesn't require fancy equipment to run it properly. cause people have all different kinds of bandwidths that you have some kind of framework that keeps it organized, that people have a sanctioned time to do the lesson. When you do in-person training, you usually carve out some time in the organization for people to have the training. You must do that for online training to work. You must prepare yourself. Is your tech savvy, comfortable online? Excuse me, do you have tech support? You must have lots of practice opportunities in different ways throughout. You must include synchronous moments for people to discuss and get together as well as the self-paced to be able to keep retention. So, the five principles for training, picking a training modality that matches your goal. A plan for the sustainability of new skills by embedding use in organizational structures. Plan the lesson using a framework that incorporates empirical training strategies like ropes. Develop a comprehensive plan for online training for the instructional design that goes into it, as well as to prepare both learners and instructors. And if you use self-paced asynchronous modules that intersperse it with and follow up with synchronous opportunities for practice with feedback, provide opportunities for participants to connect with each other and use those bells and whistles or additional platforms and software apps only as required to sustain engagement across different learning styles. Of course, these are not the only training principles to run your training by interpersonal skills are key to any kind of training. People don't learn from people they don't like as we know. I assumed you know that. So, I didn't include it. Doing an online course is challenging if it's asynchronous, it's very tricky. These five principles are a good start for you to consider in the next training plan that you create. All right, now I want to wrap up. I know that, uh, Amanda has a survey that she would like you to fill out. Amanda, can you direct people to where that survey is?

Amanda Lowe:

Yes, I can. Hi everybody. Um, I just want to thank you for attending our sector webinar event. Um, I'm about to send the survey link in the chat if you wouldn't mind filling that out. Uh, we would really appreciate it as your feedback helps us to develop interesting and relevant events that you went on 10th. Um, when you answer the survey, it gives you the option to enter your email, um, at the bottom to receive news and updates on future sector events. Um, but if you choose not to fill out the survey, you'll also receive a follow-up email from Zoom in the next few days that allows you the same opportunity. Um, thank you Maryanne and thank you everyone for attending.

Marianne Farkas:

Thank you everyone. We'll wait for you to finish the survey and while you're doing the survey, I put up, um, some information for you if you want to do a follow-up the follow-up training workshop series, or if you would like to join a community of practice to share tips and resources, experiences of training over time. There is the, um, the link. I mean the, the email address can't even talk anymore, um, to be able to, to do that. Uh, Lisa, I see someone had a question. Do you want to just let me know what that is?

Lisa Krystynak:

Uh, it, it wasn't a question. It was a comment saying thank you. Oh, okay. From Kaleen McKay.

Marianne Farkas:

All right, well, we'll get that later then. I guess I just want to say this to the people who are remaining, many of the ideas that I brought up in this presentation are well known, so we know what to do now. All we must do is to go out and do it, and I invite you to do that. So, thank you for your attention.